

**Families of Incarcerated Youth Initiative
Arizona Department of Juvenile Corrections
Annual Evaluation Report
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Prepared by:
LeCroy & Milligan Associates, Inc.
4911 E. Broadway, Suite 100
Tucson, Arizona 85711
(520) 326-5154
FAX (520) 326-5155
www.lecroymilligan.com

Prepared for:
**Governor's Office for Children, Youth &
Families**
Division for Substance Abuse Policy
1700 W. Washington, Suite 101
Phoenix, Arizona 85007

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Executive Summary

Study Overview

In 2004, the Arizona Department of Juvenile Corrections (ADJC) implemented the Families of Incarcerated Youth (FIY) initiative in an effort to address family involvement of youth confined in Arizona's juvenile corrections system. The FIY initiative is funded by the Arizona Parents Commission on Drug Education and Prevention and the Governor's Office of Children Youth and Families (GOCYF) and seeks to proactively involve families in all aspects of incarcerated youth treatment and education. The major elements of the initiative are to:

- Place Family Liaisons at each safe school to provide information, advocacy, and support to families
- Implement assessment tools for identifying family strengths and evaluating family functioning
- Provide treatment, counseling, and parenting education and training to families
- Educate, train staff, and implement best practices and proven models of family-focused treatment programs [i.e., Functional Family Therapy (FFT) and Multisystemic Therapy (MST)]
- Create and implement Child and Family Teams

In 2005 an independent evaluation contractor, LeCroy & Milligan Associates, was hired to assess the implementation of the FIY initiative. While the 2005 evaluation study focused on the provision of Family Focused Treatment modalities (i.e., FFT, MST) being offered through the FIY initiative, the 2006 evaluation study was designed to collect quantitative data from ADJC staff, and qualitative data from ADJC family support staff (i.e., Family Liaisons and Family Service Coordinators) and parents of incarcerated youth receiving Family Focused Treatment interventions (FFT or MST) to assess their perceptions of family involvement and the strides ADJC has taken to involve/engage families. As a result, the findings in this report only apply to those staff who responded to the staff survey, staff who work in family-based



positions, as well as a subset of youth and their parents who are receiving FFT or MST therapy services.

While the department has built into their strategic plan a number of activities which aim to enhance family involvement and engagement in the treatment of youth under its care, this study can only speak to the progress being made on FIY initiative components and therefore makes no judgment on the overall progress being made on family involvement in the context of ADJC's strategic plan.

Family Focused Treatment Program Overview

Family Focused Therapy Programs

- A total of 65¹ youth were referred for FFT and 11 for MST during fiscal year 2007 (June 2006-July 2007).
- The rate of successful program completion for both programs has remained low. From January 2005 through June 2006, 42% successfully completed FFT therapy programs; during fiscal year 2007, the rate increased to 65%. Among MST participants, 41% successfully completed treatment during fiscal year 2006. Nine percent completed therapy during fiscal year 2007; however, completion status for 82% of the participants was not provided.
- The use of FFT and MST by ADJC decreased during FY2007.
- Barriers to implementation of FFT and MST include lack of program availability, lack of program use, delayed program starts, and resistance from families.

Evaluation Findings

ADJC Staff Perceptions of Family Involvement

- The majority of ADJC staff who responded to the staff survey (N=509) felt that parents should be more involved in treatment services.
- Survey respondents felt that ADJC should take a more proactive, encouraging approach to involving families.

¹ Data from ADJC Community Corrections and provided by senior management from ADJC



- According to survey responses, Secure Care staff hold the least favorable attitudes towards having family involvement while Community Corrections² staff hold the most favorable attitude towards having families more involved in their work with incarcerated youth.
- Perceptions of family involvement are varied and complex. Many staff felt that families don't put any energy into involvement since the department is taking care of their child. Others suggest that if families made the time and had the means (e.g., flexibility in work, transportation, support from others), then there would be family engagement.
- ADJC family support staff (i.e., Family Liaisons and Family Service Coordinators) (N=11) value family participation and believe youth will be more successful upon release from ADJC if the family is involved in their treatment plan.
- Family support staff felt that families want to be engaged but that they face a number of barriers including the need to deal with multiple and common life stressors (e.g., job issues, financial concerns, health problems)

Family Perceptions of Family Involvement

- Families (N=5) reported that they often felt unwelcome and blamed and found the department hard to navigate and inconvenient.
- In certain cases, families were told their involvement in treatment staffings was a "waste of time."

Perceived Barriers to Family Involvement

- ADJC being unable to locate parents was the most common departmental reason given for low parental involvement.

² Secure Care staff include employees housed in the institutional settings with positions in education, security, support services, housing unit, health services, and treatment/programming. Community Corrections staff are housed in the community and include parole officers and family service coordinators.



- Lack of transportation, parent work schedules, and lack of good parenting skills were the most commonly identified individual barriers on the staff survey.

Families of Incarcerated Youth Implementation Progress

Successes

- The Family Liaison position was created and implemented as planned. Family Liaisons are involved in a number of activities to provide information and support to families. Activities include developing family nights, conducting family forums, tracking visitation, distributing monthly newsletters, attending staffings, and contacting families to remind them of upcoming events.
- The department currently is utilizing the Criminogenic And Protective Factors Assessment (CAPFA) as a tool for identifying family needs and strengths. In Pima and Maricopa Counties, Family Service Coordinators complete this assessment; in rural counties, parole officers are responsible for administering the assessment. Completion of the CAPFA Family domain is tracked for compliance.
- Additional FIY initiative activities that have been implemented that aim to increase communication and reduce barriers for families include providing video conferencing, updating and distributing the Family Handbook in English and Spanish, developing county-specific family resource manuals, developing an orientation packet for youth and families and specific packets for boys and girls, installing a toll-free telephone line at each facility, developing and utilizing Child and Family Teams, and identifying transportation barriers.
- In addition to the FIY defined activities (see pg. 5), ADJC has outlined a number of other activities into their strategic plan which focus on identifying family strengths and needs. For instance, ADJC has added a Family Services Administrator to their staff and have incorporated a performance measure on families which identifies the percentage of youth whose families/caregivers are participants as identified in their treatment plan. Other activities currently in the development stage include designing a system wide visitation tracking system (awaiting implementation), identifying a Family Services Philosophy for secure



care (to be completed in 2008), developing the Family Services Program (to be completed in 2008), implementing a skill-development/educational curriculum for families, establishing a family-services Intern program, and creating a family orientation video (to be completed in spring 2008).

Challenges

- On the ADJC staff survey, fewer than half of all respondents agreed with the statement that ADJC does a good job involving families in their child's care.
- According to the staff survey, ADJC staff report receiving minimal training on family inclusion/involvement techniques, protocols, or skills. Most of the training that has occurred has been informal or through select trainings such as on Child and Family Teams or on the CAPFA. Furthermore, few staff reported receiving training on best practices and proven models of family-focused treatment programs (e.g., FFT and MST).
- The implementation of Family Liaisons has been met with challenges. Turnover among this position is high, there is some ambiguity in the definition and description of their roles and responsibilities, and they reported feeling some resistance from other ADJC staff when advocating for families.
- Family support staff report needing more flex time in order to meet with families in a timely and convenient manner.
- According to family support staff, there has been a shift to a more restrictive, security focus than a rehabilitative concentration.
- Communication needs to improve between and among staff who work with families. For example, Family Service Coordinators often act as a liaison between families and facility staff even though this is the intended role of the Family Liaisons.
- Family support staff report problems completing the family assessment tool because of the 14-day restriction for completion. Oftentimes, they experience significant barriers to meeting with families during this time period because of designated working hours and competing schedules.



- Family support staff suggested that the department currently does not offer any treatment, counseling, or parenting education and training to families while their child is in Secure Care. Family support staff emphasized the need for more education and parent support groups and the importance of providing such services to parents while the child is in secure care in order to produce more positive, long-term outcomes for youth.

Recommendations

The findings of this focused evaluation study highlight the progress and challenges of activities implemented under the FIY initiative which is a component of the department's comprehensive five-year strategic plan. In addition, the five-year strategic plan must be understood as a product created from the context of concerns raised by the Civil Rights Division of the U.S. Department of Justice during their independent evaluation of ADJC's secure care facilities in 2002. As such, while these findings and the recommendations that follow are derived largely from the perceptions of ADJC staff and youth families involved in FFT or MST therapy services, these results should not be generalized as an overall assessment of the progress being made on the ADJC's five-year strategic plan overall.

Based on analyses of the data presented in this report, the following recommendations are provided to help facilitate the effective involvement of families so they can contribute to successful outcomes for youth under ADJC care.

ADJC and Staff Support

- Work with family support and treatment staff to reinforce the department's ongoing commitment to family involvement
- Provide additional staff trainings on best practices for promoting and attaining family involvement
- Accommodate more flexible working arrangements for staff who need to accommodate variable family scheduling demands



- Have inter-staff meetings to facilitate better communication among all family support and clinical staff
- Clarify job responsibilities and expectations for each distinct family support staff position
- Encourage ongoing communication between staff and ADJC-involved families

Parent and Family Support

- Reach out to parents to help educate them on how critical their role is in their child's recovery and to clearly outline what is expected of them as parents in the treatment plan
- Provide more training for parents on the services provided and the recovery process their child is undertaking
- Sponsor social activities/opportunities that encourage families to be involved with their child, other families, and the department overall
- Establish a parent network that can provide support for families and serve as a retention tool in the programs
- Recruit family members to serve on stakeholder/advisory groups



Introduction and Background

Family Involvement and the Juvenile Justice System

Traditional delinquency prevention and intervention programs are designed to work with problem youth rather than the entire family. Early approaches to youth treatment presumed that it was the youth who had the problem, not the family. Over time, education, mental health, and other social service systems realized the importance of promoting family involvement in young people's system experiences. Over the last few decades, experts in juvenile delinquency have also promoted family involvement recognizing the family's early and principal role in impacting antisocial behavior. Yet despite the recent emphasis on the importance of family engagement, families have been treated inconsistently by the juvenile justice system, sometimes as a source of delinquency and sometimes as a solution (Platt, 1977).

Research reveals that family functioning variables (i.e., family conflict, parental supervision, discipline practices, cohesion, parental involvement) have an early and sustained impact on family and school bonding, conduct disorders, choice of peers, substance use, and delinquent behavior (Thornberry, Huizinga & Loeber, 1995; Tolan & Loeber, 1993). Family management practices such as failure to set clear boundaries for behavior, parental support, lack of supervision and monitoring, and severe and inconsistent discipline practices are risk factors that have been found to consistently predict delinquency (Capaldi & Peterson, 1996; Hawkins et al., 2000). Moreover, family conflict associated with reduced family involvement has been linked to inadequate parental supervision and delinquency while strong parental involvement can function as a protective factor against delinquency (Hawkins et al., 2000).

A juvenile justice contact often creates a crisis situation for most families in which they are apprehensive, confused and frustrated by the system, and anxious regarding their child's outcome (Osher & Hunt, 2002). The experience can become even more complex and frustrating if impairment (e.g., substance abuse and/or health problems) is part of the family's situation. Families may also be economically and socially challenged thereby having limited access to their child and to the people making decisions about



their child. Frequently they have to balance their child's system involvement with multiple obligations such as work, other children, and financial and health concerns.

An area of increasing concern in the juvenile justice system is how to involve families throughout the process when youth are incarcerated. In dealing with young people, the juvenile justice system has the distinct challenge of weighing the wellbeing of the child and the independence and authority of the family with the goal of community safety (Davis, Scott, Wadlington, & Whitebread, 1997). Accordingly, research on family involvement and juvenile justice recommends that a comprehensive system of care should be developed which incorporates and encourages the voices of institutions and individuals involved with the child to accommodate the varying needs of all involved. Comprehensive systems of care for delinquent youth should be led by clearly defined principles and practices and should include law enforcement; juvenile justice practitioners; child welfare, education, substance abuse, mental health, and/or social service systems; the judicial system; and the child and family.

The idea of family involvement is central to the values and principles of comprehensive systems of care. The practice of engaging families involves considerable time, attention and commitment to enlisting, supporting, training, and retaining families in the work. Family engagement also requires constant review of the status of family involvement and available funding resources for sustaining family participation. Moreover, families should be given the opportunity to be involved in the process as full partners. Full partnership includes seeking input from families on policies and procedures; approaching families in a non-judgmental manner; providing information to and consulting with the family on the process and treatment options; soliciting information from the family about the child's strengths, needs, and family history; and supporting and strengthening the parent/child relationship through positive and reinforcing activities (e.g., visitation, education, counseling). Furthermore, ongoing training for juvenile justice personnel should emphasize ways to support, value, and strengthen families with a child in the juvenile justice system.



Benefits of Family Participation in Juvenile Justice Processes

The benefits of including families in the juvenile justice process are multiple and advantage the child, family, justice system, and community. Involvement of family members can reduce youth's anxiety and help reinforce treatment ideals. Family participation may also help reduce families' anxiety by allowing them to retain some influence over what happens to their child (Osher & Hunt, 2002). Treatment recommendations are also better matched to a child when including their family because the family is most familiar with the child, their needs, strengths, and family circumstance.

Aside from community safety, the main purpose for incarcerating juvenile offenders is rehabilitation. Without targeted family involvement, youth involved in the juvenile justice system are more likely to be placed back into unhealthy environments that influenced their delinquent behavior. In these situations, poor coping skills are often (re)enforced and relapse into old thinking behaviors may be very likely when there is no change in the young person's surrounding environment (Browning, Huizinga, Loeber, & Thornberry, 1999).

Studies have documented that early intervention programs that include family support, training, and education promote a decrease in delinquency (Kumpfer & Tait, 2000). Even more, a number of studies strongly support family-focused interventions (e.g., counseling, parent education) as the most promising treatment approach for delinquency. Maintaining family ties and building healthy family relationships while youth are incarcerated are strong correlates with reduced recidivism, substance abuse, and other risk-taking behaviors (Druckman, 1979; Kumpfer, 1999; Kumpfer & Alvarado, 1998; Kumpfer & Tait, 2000; Palmer, 1996). Considering the effectiveness of targeted family services, it appears advantageous to incorporate family-strengthening programs (e.g., FFT and MST) during the incarceration period (see Kumpfer & Alvarado, 1998).



Common Barriers to Family Involvement

The location of incarceration presents a challenge in providing family interventions for juvenile offenders. Incarcerated youth are seldom placed in close proximity to their families (Snyder & Sickmund, 1999). This distance makes it quite difficult for families to participate in treatment services and maintain healthy family ties. Furthermore, garnering commitment from families who may face many obstacles to participation can be a challenge. Nevertheless, the involvement of families is well worth the investment in terms of parent-child changes and the overall impact on the family and the community.

A number of family- and system-level factors that can affect the extent to which the family participates in the process have been identified in the literature on system involvement (e.g., Osher & Hunt, 2002). Such factors include:

- Families lack of knowledge about the system
- Mental and physical health needs on the part of the family members
- Familial substance abuse
- Lack of resources to affect or participate in the system
- Distance that families live from facilities
- Lack of access to transportation
- Time/scheduling conflicts and inability to take time off
- Lack of good parenting skills
- Parental apathy toward dealing with their child
- Past experience with multiple systems
- Cultural differences
- Language barriers
- Insufficient notice about staffings
- Stigma associated with illegal behavior, mental illness, or socioeconomic status
- Limited availability of space for group and family therapy sessions
- Stereotypical attitudes about families causing their child's problems
- Policies and procedures that fail to provide a role for family participation
- Lack of clearly defined roles for participation.



Interestingly, in their study of family involvement and the juvenile justice system, the NDTAC and Huff Osher, Inc. found that family involvement has not been a priority in the field (Brock et al., 2006). Practitioners commonly viewed parental absence from treatment as a lack of interest on families' part. On the other hand, parents cited discomfort when they tried to engage facility staff as an explanation for their absence. Parents suggested that institutions were not very welcoming and felt that they were not perceived as adding value to their child's treatment.

Juvenile justice personnel can help families address some of these obstacles by making referrals, incorporating training which stresses the importance of family involvement, and directing resources, education, and support services to the family. Such investment often strengthens the family, improves the system's ability to provide services to the child, and enhances the possibility of achieving positive outcomes for the child.

Organizational Change

Moving a correctional system to embrace a new paradigm is no easy task. It requires creative leadership and vision and a long-term commitment to implementing a new approach through a collaborative process involving all staff members. When implementing change policies, organizations need to assess several things: the breadth of the change, how people will be affected, the pace of the change, and the organization's readiness and willingness for change. One of the first steps in preparing for a shift in ideology is making sure the agency leadership understands what is required and what the goals are.

On the surface, the concept of involving families seems simple enough. In practice, it is much more difficult. Often, people grasp the concept but are not sure how to put the concept into practice. Employing a new framework requires careful study and discussion and continuous and open intrastaff dialogue. Questions about "Why are we doing this?" and "How is this really different from what we are doing now?" often surface. These questions test the leadership's knowledge about the movement and help identify concerns staff might have. Having practical responses for these questions can



ultimately move the organization towards the desired change in a timely and committed manner.

Changing the way people think is not easy. Each organization has a culture of its own, and altering this culture takes time and forethought. The key for organizational change is collaboration between staff and management and persistence on the part of organization leadership. Agency workload is often a major barrier to the change process. When staff members are burdened by workloads, it is often difficult to initiate and implement change. In some instances, staff view change as additional work which prevents them from getting their job done. Accordingly, in the early stages of change, people typically resist or avoid the pressures of change. It is crucial that collaboration, communication and persistence prevail for individuals to begin to acknowledge and respond to the change.

Families of Incarcerated Youth Initiative

In 2004, the Arizona Department of Juvenile Corrections (ADJC) implemented the Families of Incarcerated Youth (FIY) initiative in an effort to address family involvement of youth confined in Arizona's juvenile corrections system. The FIY initiative is funded by the Arizona Parents Commission on Drug Education and Prevention and the Governors Office of Children, Youth and Families (GOCYF) and seeks to proactively involve families in all aspects of treatment and education for incarcerated youth. The major elements of the initiative are to:

- Place Family Liaisons at each safe school to provide information, advocacy and support to families
- Implement assessment tools for identifying family strengths and evaluating family functioning
- Provide treatment, counseling, and parenting education and training to families
- Educate, train staff, and implement best practices and proven models of family-focused treatment programs [i.e., Functional Family Therapy (FFT) and Multisystemic Therapy (MST)]



- Create and implement Child and Family Teams.

The strategic goals of the Arizona Department of Juvenile Corrections focus on a continuum of services and transforming the organization. The goal of organizational change is to accomplish “safer communities through successful youth” (ADJC, 5-year strategic plan, 2006-2010; <http://www.azdjv.gov/AgencyInfo/5yrstratplan06-10.pdf>). ADJC has been going through a transformation process in response to concerns raised by the Civil Rights Division of the U.S. Department of Justice in 2002 (CRIPA). This transformation process includes a number of changes designed to improve safety and security of the department and to improve management of suicidal risk and services for youth.

In ADJC’s strategic plan 2004-2007, the organization outlined the short-term goals and objectives in order to transform the culture of ADJC “to one in which all staff and all units of the organization work collaboratively to promote successful youth” (<http://www.juvenile.state.az.us/AgencyInfo/StrategicPlan.pdf>, p. 4). As part of the continuum of services, ADJC outlined a number of activities focused on identifying family strengths and needs. These activities, some of which are included in the FIY initiative, include establishing a Family Liaison position to coordinate between secure care and the family; implementing assessment tools for identifying family strengths; developing a systemwide visitation tracking system; developing a family service resource guide; developing and utilizing Child and Family Teams; identifying a Family Services Philosophy for secure care; developing the Family Services Program; developing a skill-development/educational curriculum for families to be conducted during visitation; developing education programming for families; establishing a family-services Intern Program Agreement; creating a family webpage; and creating a family orientation video. While the department is undertaking a number of activities to strengthen family involvement, this evaluation examines only those activities outlined in the Families of Incarcerated Youth Initiative, specifically the establishment of the Family Liaison position; the implementation of assessment tools for identifying family strengths; the provision of treatment and education services to families; training staff on the importance of family involvement; and



implementing best practices and proven models of family-based treatment programs.

Evaluation of the Families of Incarcerated Youth Initiative

LeCroy & Milligan Associates has performed the evaluation of the FIY initiative since 2005. Since then, the evaluation has evolved over time to focus on different components of the initiative. The evaluation has changed modestly during this period in order to best obtain an understanding of the activities and progress made on the initiative and to provide information relevant to various stakeholders. Throughout the evaluation period, several qualitative and quantitative evaluation methods have been used to develop an emerging and comprehensive understanding and assessment of the initiative and to make recommendations for program improvements. Data collection methods have included interviews with key informants, surveys, literature reviews, and reviews of existing data and program documents and materials.

The pace of the evaluation has been dependent upon the progress made within ADJC on implementing their initiative. Because the FIY initiative is part of a much broader five-year strategic plan designed to address issues related to organizational culture and the continuum of services, progress on the evaluation has been limited due to progress made within ADJC on implementing their initiative. Due to natural impediments that occur in implementing change initiatives, the evaluation was organized so that it would occur in phases.

In early evaluation meetings between LeCroy & Milligan Associates and ADJC administrators, ADJC expressed interest in collecting qualitative and quantitative data from staff and parents of incarcerated youth regarding their attitudes toward parental involvement. The findings were to be used as a benchmark to measure progress in improving attitudes and increasing receptiveness to parental involvement. The baseline assessments were slated to be the first phase of the evaluation. The parent survey, which was designed after these initial meetings, was deferred so that ADJC Research and



Development could administer their own parent survey. ADJC administered their parent survey to 53 family members in summer 2006. The family survey revealed favorable comments about families' relations with ADJC and staff; however, family members often had conflicting opinions on ADJC treatment programs. For instance, respondents noted positive opinions regarding education yet were critical about specific treatment protocols and ADJC's ability to provide basic care for juveniles (ADJC Research & Development, 2006). The baseline assessment of staff attitudes toward parental involvement was put on hold until this fiscal year; results of the staff survey are presented in this annual report.

The second phase of the evaluation was to conduct a process evaluation of the family-focused therapy programs [Functional Family Therapy (FFT) and Multisystemic Therapy (MST)]. Due to delays in collecting the baseline assessments, the process evaluation was the major evaluation activity in FY2006. Results of the process evaluation are reported in last year's annual evaluation report.

This annual evaluation report is intended to inform the Governor's Office and ADJC administrators about the implementation of the FIY initiative, perceptions of family involvement and organizational changes, and challenges with family involvement. In consultation with key stakeholders, this year's evaluation was designed to identify and examine initiative activities and track its progress with less emphasis on the implementation and evaluation of family-focused therapy programs. Accordingly, evaluation efforts have concentrated on researching and administering baseline assessments; examining organizational changes, barriers and challenges with family involvement; and analyzing referrals to FFT and MST therapy programs. The evaluation questions addressed in this and last year's evaluation report are provided in Table 1.



Table 1: Evaluation Questions

FY2006

1. What family-focused treatment models and components are being utilized in the Families of Incarcerated Youth initiative?
 2. Which providers are implementing programs?
 3. What are the characteristics of staff providing family-focused treatment services to ADJC involved families?
 4. What are the average caseload ratios of staff providing FFT and MST services? Are the ratios within the best practices guidelines?
 5. What methods of quality assurance are used in FFT and MST?
 6. What is the target population for FFT and MST?
 7. How are families recruited and referred to FFT and MST?
 8. How do families become engaged and retained in FFT and MST?
 9. What components imply successful completion of the therapy programs?
 10. How many families participated in family therapy programs? How many families complete the therapy programs?
 11. What have been the impediments to program implementation?
-



FY 2007

1. What are the roles and responsibilities of family support staff (e.g., Family Liaisons, Family Service Coordinators)? What has been the role of the Family Liaisons in the Families of Incarcerated Youth initiative? Were any barriers experienced in implementing Family Liaisons, and if so, what were they?
 2. What assessment tools are used to identify family needs and strengths?
 3. How does ADJC staff perceive family involvement? Are there differences between secure care staff, community corrections, and management?
 4. What are the perceived or actual barriers to parental involvement as described by ADJC staff and ADJC-involved families?
 5. What training has been held for staff on the importance of family involvement?
 6. What family-focused treatment models and components are being utilized in the Families of Incarcerated Youth initiative?
 7. Which providers are implementing family-focused therapy programs?
 8. How many families participated in family therapy programs? How many families complete the therapy programs?
 9. What have been the impediments to program implementation?
 10. What progress has been made in the Families of Incarcerated Youth initiative?
-

Data described in this evaluation report were collected using four primary methods:

- *A literature review*, which included studies of family involvement and the juvenile justice system, and overviews of FFT and MST therapy programs
- *Key informant interviews* with ADJC family support staff (specifically, Family Liaisons and Family Service Coordinators) and families of ADJC-involved youth who were referred to FFT or MST therapy programs
- *A survey* of ADJC staff to examine staff training and perceptions of family involvement and organizational culture change



- A review of *program documents and materials* including training manuals, program brochures, existing data collection forms, and descriptive information on youth and family participating in FFT and MST therapy programs

Key Informant Interviews

Interviews with ADJC family support staff (Family Liaisons and Family Service Coordinators) were conducted in the spring of 2007 at ADJC facilities and by telephone. Questions focused on staffs' roles and responsibilities, perceptions of family involvement, barriers workers encounter in involving families, and organizational changes within ADJC. A total of 11 individuals participated in the interviews, including eight Family Service Coordinators and three Family Liaisons. A structured interview guide was used for all interviews. The guide was adapted to address the different experiences of the different staff positions.

Interviews with families (parents/guardians) of ADJC involved youth were conducted in the spring of 2007. ADJC provided LeCroy & Milligan Associates with a list of families currently (at the time of the interviews) and/or previously involved with FFT or MST. The list contained the names and contact information for 19 families of which only five families were able to be contacted and/or agreed to be interviewed. The interviews took place by telephone with the parent or guardian of the referred youth and families were provided with \$20 gift certificates for their time and participation.

Staff Survey

In April and May 2007, a survey was administered to all ADJC staff. Five hundred and nine (509) individuals completed the survey. The purpose of the survey was to assess perceptions of family involvement and organizational changes within ADJC.

Program Documents and Materials

Data from ADJC was gathered and used for reporting on the prevalence and completion status of ADJC referred youth/families to FFT and MST therapy programs. Information was collected from the inception of the Parents



Commission funding in January 2005 through June 2007. Over this time, 236 youth were referred for FFT treatment services while 56 youth and families were referred for MST services.

This report summarizes these evaluation data. Since this report reflects the last year of the evaluation, historical perspectives are provided when appropriate to note trends and implementation barriers. The report is organized into the following sections:

Baseline Assessment of Staff Attitudes towards Family Involvement	Provides survey data of ADJC staff training, and staffs' perceptions of family involvement and organizational change	<i>Page 25</i>
Qualitative Study of Family Involvement and Organizational Culture Change	Details the current family support service positions, perceptions of family involvement, barriers in getting families involved, and organizational culture change towards family inclusion	<i>Page 40</i>
Family-Therapy Programs	Provides updated data on program referrals and utilization of FFT and MST	<i>Page 55</i>
Conclusion and Recommendations	Draws conclusions from the data presented and makes recommendations for program improvement.	<i>Page 60</i>



Assessment of ADJC Staff Attitudes towards Family Involvement

In April and May 2007, a survey was administered to all ADJC staff to assess attitudes towards family involvement. Five hundred and nine (509) individuals completed the survey, including 377 staff working in secure care facilities, 85 individuals working out of central office, and 47 staff working in community corrections. Among the 377 secure care staff, 43% worked at Adobe Mountain, 25% at Catalina Mountain, 19% at Eagle Point, and 12% at Black Canyon School.

The staff survey was created to provide a baseline from which to examine staff perceptions of family involvement in the coming years. The results can be used as a benchmark to measure changes in key issues associated with parental involvement such as barriers to getting families involved and the level of support staff receive in their efforts to involve families.

The questionnaire was administered in paper and pencil format following an explanation of the survey, the guarantee of confidentiality, and the voluntary nature of the survey. The overall response rate to the survey, based on an estimated ADJC staff size of 1,100 was 46%.

Nine items used in the analysis of the survey represent the domain of family involvement and six items were used to represent the domain of organizational movement/change. Respondents were asked to respond to each item on a 5-point Likert-type scale with responses ranging from '1=strongly disagree,' to '5=strongly agree'. Items were developed based on a review of relevant literature on family participation and the juvenile justice system. After the domains were specified and an item pool created, the draft of the survey was reviewed by ADJC administrators. Revisions were made based on the feedback. The data in Table 2 reveal the subscales derived from the staff survey. Both subscales have good reliability with Chronbach's alpha of .74 and .84.



Table 2. Subscale domain and properties from the ADJC staff survey

Subscale	# of items	Chronbach's Alpha	Example question
Importance of family involvement	9	.74	Family visits often have a positive influence on the youth's behavior.
Organizational movement to involve families	6	.84	I am satisfied with the level of support I receive from management to involve families.

Descriptive statistics were computed to characterize the group of 509 respondents. The respondents averaged just over six years with ADJC (median of 4 years, range from 0-395 months). Forty-nine percent of survey respondents had at least a bachelor's degree while 41 percent had completed some college. Most of the sample worked in housing unit positions (31%), support services (19%), education (15%), and community corrections (9%).

Survey Respondents' Perceptions of Family Involvement

Survey respondents were asked to define "family involvement" and the majority of responses noted "parents being involved and/or engaged in youth's treatment activities," "parents attending visitation," and families maintaining (frequent) communication (e.g., through phone calls, letters) with the child. ADJC staff perceived opportunities for family support, mentoring, network and education as necessary for family involvement.

A comparison of the means and standard deviations on the family involvement subscale by work location (i.e., secure care, community corrections, and central office) reveals useful information. The data in Table 3 show that, overall, staff, regardless of location and proximity to youth and their families, perceive the importance of family involvement similarly. The mean scores on family involvement fell towards the high end of responses (higher scores on the items represent more favorable attitudes towards families being involved) among all work locations (average mean scores fell in the low 30's out of a possible high of 45). Community corrections staff held



the most favorable attitudes towards having family involvement (35.2) whereas secure care staff had the least favorable attitudes (32.7).

Table 3. Mean scores and standard deviations³ on subscales by work location

Subscale (range)	All Mean Score (SD)	Secure Care Mean Score (SD)	Community Corrections Mean Score (SD)	Central Office Mean Score (SD)
Perceptions of family involvement (9-45)	33 (4.9)	32.7 (4.7)	35.2 (4.1)	33.2 (6.0)

When looking at some of the items separately, we are better able to examine staffs' attitudes towards having family involvement. Table 4 shows the percentage of staff by location that 'agree' or 'strongly agree' with statements capturing their attitudes. Overall, the majority of ADJC staff viewed parents as partners in the planning and delivery of services (73%) and felt that effective treatment must include working on family problems (89%). Moreover, less than one-fourth of the respondents felt parents are willing to learn new parenting skills and that parents maintained adequate contact with their child while they are under ADJC care (20% and 24% respectively).

Among ADJC staff, community corrections respondents (includes parole officers and Family Service Coordinators) had the most favorable attitudes towards having families more involved in their work with incarcerated youth. Almost all community corrections respondents viewed parents as partners (91%) and felt effective treatment must include working on family problems (96%). Additionally, over 80% felt it was almost impossible to affect positive growth in a youth without working with their family. Community corrections workers were also more likely to feel that parents want to be involved in their child's life (58%) than other ADJC staff. On the other hand,

³ The mean, or arithmetic average, is a measure of central tendency and is calculated from the sum of all the scores divided by the number of cases. The standard deviation is a measure of variability/dispersion.



community corrections workers were least likely to agree that parents are willing to learn new parenting skills (17%) and that parents maintain adequate contact with their child (19%) while secure care staff were the most likely to agree with both statements (21% and 27% respectively). Finally, over half of all respondents (54%) felt that most ADJC-involved youth are raised by parents with deficient parenting skills.

Table 4. Survey respondents' perceptions of family involvement

Perceptions of Family Involvement	Percent Indicating Agree or Strongly Agree			
	All N=509	Secure Care N=377	Community Corrections N=47	Central Office N=85
I view parents as partners in the planning and delivery of services for youth under ADJC care.	73%	68%	91%	83%
It is almost impossible to affect any kind of positive growth in a youth without working with their family.	63%	60%	81%	66%
Effective treatment for youth must include working on family problems.	89%	88%	96%	88%
Most parents of youth under ADJC care are willing to learn new parenting skills.	20%	21%	17%	15%
Most parents maintain adequate contact with their child while he/she is under ADJC care.	24%	27%	19%	15%
Most parents of ADJC youth want to be involved in their child's life.	36%	35%	58%	32%
Most youth under ADJC care were raised by parents with deficient parenting skills.	54%	55%	55%	49%



Secure Care Staff

A comparison of the means and standard deviations on the family involvement subscale for secure care staff who responded to the survey do not reveal any significant differences among respondents employed at the four secure care facilities. Mean scores for all sites fell in the lower 30's, similar to the mean for all ADJC staff.

Table 5. Secure care mean scores and standard deviations by location

Subscale (range)	Adobe Mountain Mean Score (SD)	Catalina Mountain Mean Score (SD)	Black Canyon Mean Score (SD)	Eagle Point Mean Score (SD)
Perceptions of the importance of family involvement (9-45)	32.4 (4.7)	32.0 (5.0)	33.3 (4.2)	33.6 (4.1)

Differences among secure care facility can be highlighted when examining the items separately. Table 6 reports responses from secure care staff by facility. Employees at Catalina Mountain and Black Canyon School were more likely than staff from Adobe Mountain and Eagle Point to view parents (74% and 73% respectively) as partners but were also more likely to feel that ADJC-involved youth are raised by parents with deficient parenting skills (62% and 59% respectively). The majority of Black Canyon School respondents agreed with the statement that "effective treatment for youth must include working on family problems" (91%). Somewhat surprisingly, Eagle Point (located outside of Phoenix in Buckeye) respondents were most likely to agree that parents maintain adequate contact with their child (31%).



Table 6. Secure care staff perceptions of family involvement

Perceptions of Family Involvement	Percent Indicating <i>Agree or Strongly Agree</i>			
	Adobe Mountain N=160	Catalina Mountain N=93	Black Canyon N=46	Eagle Point N=72
I view parents as partners in the planning and delivery of services for youth under ADJC care.	64%	74%	73%	70%
It is almost impossible to affect any kind of positive growth in a youth without working with their family.	59%	57%	70%	57%
Effective treatment for youth must include working on family problems.	90%	86%	91%	88%
Most parents of youth under ADJC care are willing to learn new parenting skills.	18%	22%	22%	26%
Most parents maintain adequate contact with their child while he/she is under ADJC care.	28%	23%	24%	31%
Most parents of ADJC youth want to be involved in their child's life.	36%	29%	37%	39%
Most youth under ADJC care were raised by parents with deficient parenting skills.	52%	62%	59%	50%



Perceptions of the Organizational Movement to Involve Families

A comparison of the means and standard deviations on the organizational movement subscale by work location (i.e., secure care, community corrections, and central office) and within secure care facilities do not show any critical differences. The means range from a low of 19.7 for central office staff to a high of 21.0 for Black Canyon secure care staff (higher responses on the items indicate more favorable attitudes/opinions about organizational change).

Table 7. Mean scores and standard deviations by work location

Subscale (range)	All Mean Score (SD)	Secure Care Mean Score (SD)	Community Corrections Mean Score (SD)	Central Office Mean Score (SD)
Organizational movement to involve families (4-30)	20.2 (3.9)	20.3 (3.7)	20.0 (4.5)	19.7 (4.1)

Table 8. Mean scores and standard deviations by secure care location

Subscale (range)	Adobe Mountain Mean Score (SD)	Catalina Mountain Mean Score (SD)	Black Canyon Mean Score (SD)	Eagle Point Mean Score (SD)
Organizational movement to involve families (4-30)	20.4 (3.5)	20.3 (3.5)	21.0 (3.6)	19.8 (4.5)

Table 9 shows the percentage of staff that 'agree' or 'strongly agree' with statements capturing staff attitudes on the organizational movement to involve families. Less than half of all staff agreed with the statement that ADJC does a good job involving families (41%); however, over three-fourths



of survey respondents agreed that ADJC provides parents with regular access to their child (77%). Importantly, fewer than half of all survey respondents were satisfied with the direction ADJC is taking to involve families (47%), and fewer than half were satisfied with the level of support they receive from management to involve families (37%). Even more, less than one-third of community corrections respondents, who often work closely with families, reported being satisfied with the level of management support to involve families (29%). Community corrections respondents were, however, most likely to agree that they are encouraged by co-workers to involve families (48%) and that employees make a conscious effort to include parents in crucial decisions (57%).

Table 9. Survey respondents' perceptions of organizational movement

Organizational Movement to Involve Families	Percent Indicating Agree or Strongly Agree			
	All N=509	Secure Care N=377	Community Corrections N=47	Central Office N=85
As an organization, ADJC does a good job involving families.	41%	41%	41%	42%
ADJC provides parents with regular access to their child.	77%	79%	74%	69%
I am satisfied with the direction ADJC is taking to involve families.	47%	47%	50%	47%
I am satisfied with the level of support I receive from management to involve families.	37%	36%	29%	25%
I am encouraged by my co-workers to involve families.	34%	33%	48%	31%
Employees make a conscious effort to include parents in crucial decisions.	49%	48%	57%	46%



Secure Care Staff

Table 10 shows that respondents from Eagle Point were less likely to agree with statements suggesting positive organizational movement towards family involvement. For instance, less than one-third of Eagle Point respondents agreed with the statement, “As an organization, ADJC does a good job involving families” (31%) while over half of the respondents from Black Canyon agreed with it (52%). Furthermore, Eagle Point respondents were the least likely group to indicate that they were satisfied with the direction ADJC is taking to involve families (39%). Black Canyon respondents, on the other hand, indicated the highest level of agreement on statements of organizational movement. Importantly, less than half of all secure care respondents, regardless of location, agreed that they were satisfied with the level of support they receive from management to involvement families and that they were encouraged by co-workers to involve families.

Table 10. Secure care staff perceptions of organizational movement

Organizational Movement to Involve Families	Percent Indicating Agree or Strongly Agree			
	Adobe Mountain N=160	Catalina Mountain N=93	Black Canyon N=46	Eagle Point N=72
As an organization, ADJC does a good job involving families.	42%	41%	52%	31%
ADJC provides parents with regular access to their child.	79%	82%	85%	70%
I am satisfied with the direction ADJC is taking to involve families.	47%	48%	57%	39%
I am satisfied with the level of support I receive from management to involve families.	36%	33%	47%	34%
I am encouraged by my co-workers to involve families.	35%	27%	42%	31%
Employees make a conscious effort to include parents in crucial decisions.	47%	51%	57%	44%



Barriers to Family Involvement

Fifty-eight percent of all ADJC survey respondents, 64 percent of community corrections workers, 59 percent of secure care staff, and 51 percent of central office respondents agreed that there were common barriers that make it difficult for parents to visit their child. Perceived or actual barriers to parental involvement were classified into two groups: parental/individual barriers and departmental (ADJC) obstacles/barriers. The results reveal that lack of transportation, parent work schedule and lack of good parenting skills were the most commonly identified individual/parental barriers. Among departmental obstacles/barriers, ADJC being unable to locate parents was the most commonly noted challenge.

Table 11. Parental/individual barriers

Parental/Individual Barrier	Percent Indicating <i>Sometimes or Always</i>			
	All N=509	Secure Care N=377	Community Corrections N=47	Central Office N=85
Lack of transportation	91%	89%	98%	97%
Parent work schedule	93%	91%	98%	95%
Lack of good parenting skills	90%	89%	86%	95%
Parental apathy toward dealing with their child	86%	85%	86%	90%
Child care difficulties	84%	82%	80%	97%
Language barriers	84%	55%	77%	72%
Lack of time	77%	76%	73%	83%
Parent refusal to be involved	74%	74%	61%	88%
Lack of knowledge about their role in participation	74%	71%	78%	85%
Parent illness/disability	74%	71%	68%	92%



Table 12. Departmental (ADJC) obstacles/barriers

Departmental (ADJC) Obstacles/Barriers	Percent Indicating <i>Sometimes or Always</i>			
	All N=509	Secure Care N=377	Community Corrections N=47	Central Office N=85
ADJC unable to locate parents	63%	62%	61%	79%
ADJC does not send out parental notices regarding visitation/appointment times in sufficient time	37%	35%	49%	47%
ADJC lacks sufficient opportunities to involve parents	40%	39%	43%	41%

When respondents were asked which challenges they have experienced in involving families, the most common replies were parent/caregiver inability to get involved and lack of parental commitment. As revealed in Table 13 below, community corrections staff were most likely to note challenges in involving families due to lack of parental commitment (93%) and parent inability to get involved (84%). Interestingly, over half of all secure care respondents noted work environment as a challenge in involving families (58%) and almost two-thirds said work load was a challenge (63%).

Table 13. Challenges faced in involving families

Challenges faced in involving families	Percent Indicating <i>Sometimes or Always</i>			
	All N=509	Secure Care N=377	Community Corrections N=47	Central Office N=85
Parent/caregiver inability to get involved (e.g., lack of transportation, language barriers, lack of time)	73%	74%	84%	59%
Lack of parental commitment	69%	69%	93%	51%
Work load	61%	63%	67%	40%



Challenges faced in involving families	Percent Indicating <i>Sometimes or Always</i>			
	All N=509	Secure Care N=377	Community Corrections N=47	Central Office N=85
Parent/caregiver inability to get involved (e.g., lack of transportation, language barriers, lack of time)	73%	74%	84%	59%
Lack of parental commitment	69%	69%	93%	51%
Work environment	55%	58%	49%	42%
Lack of opportunities for parental involvement	55%	56%	64%	42%
Lack of support	55%	55%	64%	41%

Secure Care Staff

Survey respondents housed at Black Canyon were most likely to agree with the statement “there are common barriers that make it difficult for parents to visit their child” (72%) while respondents from Adobe Mountain were least likely to agree with it (53%). Among parental/individual barriers, parent work schedule, lack of transportation, lack of good parenting skills, and parental apathy toward dealing with their child were most common. ADJC being unable to locate parents was the most common departmental barrier, and was highest among staff at Eagle Point. Similarly, half of the respondents working out of Eagle Point noted lack of sufficient opportunities to involve parents as an obstacle while less than one-third of Catalina Mountain and Black Canyon respondents noted this as a barrier.



Table 14. Parental/individual barriers

Parental/Individual Barriers	Percent Indicating <i>Sometimes or Always</i>			
	Adobe Mountain N=160	Catalina Mountain N=93	Black Canyon N=46	Eagle Point N=72
Lack of transportation	88%	90%	86%	97%
Parent work schedule	93%	90%	86%	92%
Parent illness/ disability	68%	73%	74%	72%
Lack of time	76%	81%	79%	74%
Language barriers	55%	53%	49%	65%
Lack of knowledge about their role in participation	68%	71%	65%	86%
Child care difficulties	79%	86%	79%	86%
Lack of good parenting skills	88%	91%	93%	88%
Parental apathy toward dealing with their child	83%	84%	91%	86%
Parent refusal to be involved	69%	80%	69%	80%

Table 15. Departmental obstacles/barriers

Departmental (ADJC) Obstacles/Barriers	Percent Indicating <i>Sometimes or Always</i>			
	Adobe Mountain N=160	Catalina Mountain N=93	Black Canyon N=46	Eagle Point N=72
ADJC unable to locate parents	58%	65%	57%	73%
ADJC does not send out parental notices regarding visitation/appointment times in sufficient time	34%	35%	26%	40%
ADJC lacks sufficient opportunities to involve parents	41%	29%	31%	50%



Among challenges respondents have experienced personally when involving families, the most common replies were similar to those highlighted on pages 35-36: parent/caregiver inability to get involved and lack of parental commitment. As highlighted in Table 16, respondents from Black Canyon were the least likely to perceive lack of opportunities for parental involvement and work load as challenges in involving families while over half of the respondents from the other three secure care facilities perceived these two barriers as challenges. Interestingly, Black Canyon school is currently engaged in a number of activities towards enhancing family involvement including establishing a “transformation team,” a gender responsive team which works to create family friendly changes to meet restorative justice modalities, and ensuring more gender specific therapy programs which address family needs and strengths.

Table 16. Challenges in involving families

Challenges faced in involving families	Percent Indicating <i>Sometimes</i> or <i>Always</i>			
	Adobe Mountain N=160	Catalina Mountain N=93	Black Canyon N=46	Eagle Point N=72
Parent/caregiver inability to get involved (e.g., lack of transportation, language barriers, lack of time)	71%	72%	74%	83%
Lack of parental commitment	68%	69%	64%	70%
Work load	66%	61%	42%	70%
Work environment	61%	53%	58%	55%
Lack of support	58%	58%	53%	47%
Lack of opportunities for parental involvement	58%	56%	38%	59%



Staff Training

One component of the FIY initiative is to develop and implement a comprehensive plan to change ADJC's culture to value families in the successful transition of youth back into the community. Part of this plan is to train staff on the importance of family involvement, inclusion and engagement. To examine to what extent training has been implemented, ADJC survey respondents were asked if they had received any training on the importance of family involvement. Four hundred and eight staff (408) responded to the question of which 26% indicated that they have received some form of training. Upon examining descriptions of the training, the most common sources of training were: 1) through informal, hands-on, education, or self training methods (15%); 2) training received at the academy (14%); 3) Child and Family Team (CFT) training (8%); and 4) Criminogenic & Protective Factors Assessment (CAPFA) training (6%). Among community corrections staff, almost half have received training on family involvement (48%) while less than one-quarter of secure care staff (24%) and central office staff (21%) reported such training.



Qualitative Study of Family Involvement and Organizational Culture Change

A qualitative study to examine the roles and responsibilities of Family Support⁴ staff (specifically, Family Liaisons and Family Service Coordinators) and their perceptions about family involvement and organizational culture change was conducted in the spring of 2007. Interviews with families (parents/guardians) of youth receiving FFT or MST therapy services were also conducted in the spring of 2007. The purpose of the study was to gather in-depth descriptions of family involvement/engagement, barriers commonly experienced in getting families involved/engaged, and recent organizational culture change which focuses on strengthening family engagement among staff who work closely with families.

Family Support Staff Interviews

Three Family Liaisons and eight Family Service Coordinators were interviewed (both face-to-face and telephone). To avoid potential identification of respondents, the results are summarized jointly except in instances where responses vary by position type (e.g., position roles and responsibilities). This section describes the roles and responsibilities of the family support positions, attitudes toward family involvement, identification of challenges and barriers in involving families, and recommendations for enhancing family inclusion/engagement.

Job Descriptions

Family Liaisons

In fall 2004, Family Liaison positions were established at all four secure care facilities to establish a link between youth and their families and to support families' ongoing involvement with youth throughout their experience with

⁴ The term "family support staff" is used to describe both Family Liaisons and Family Service Coordinator positions



the department. Family Liaisons were established to help families identify information and connections to community resources, networks of support, and opportunities to increase parenting and communication skills and to identify ways of navigating through system services (e.g., education, mental health, juvenile justice and social services). The position was created to help focus the agency on the importance of engaging families in all aspects of services and activities for youth in ADJC secure care facilities. Family Liaisons are housed within secure care facilities and one Family Liaison is assigned to each of the four facilities. The position is grant-funded through the FIY initiative.

Three Family Liaisons⁵ were interviewed in the spring of 2007. At the time of the interviews, the Family Liaisons had been in their position from 7 months to one year. One Family Liaison was hired internally; that employee had been with ADJC for several years prior to becoming a Family Liaison. All of the Family Liaisons had a social work and/or counseling/therapy background and all were female.

According to the Family Liaisons we interviewed, their job responsibilities involve five major elements:

- 1) Putting together and mailing out a monthly newsletter to families that keep them informed of youth activities and the events in the facility
- 2) Coordinating and running Family Fun Nights (however, these activities varied by facility due to limited funding for such events)
- 3) Maintaining visitation tracking system that records family visits for each youth
- 4) Participating in Multi-Disciplinary Team meetings and staffings
- 5) Sending letters to families or making phone calls reminding parents of upcoming events/staffings.

⁵ At the time of the interviews, one Family Liaison position was vacant. Attempts to interview the Family Liaison after they had been hired and through the academy were unsuccessful.



Additionally, each Family Liaison adopted activities that are site specific such as participating with (treatment) teams, assisting with educational issues (e.g., IEPs), and coordinating Family Forums (an open mic night for families to share their concerns/experiences). Importantly, we found there is some lack of clarity/detail in their specific roles and responsibilities. For instance, when asked, there was no specific or detailed job description available, and one Family Liaison noted that she had to “make it up” as they go. Another Family Liaison noted that she often “felt like a secretary” without any real direction or “clout.”

Another important discovery is the impact turnover has had on this position. Each secure care facility has experienced difficulty in retaining Family Liaisons since the position was established. Interview respondents suggested that turnover among Family Liaisons was related to several key issues:

- Lack of a detailed job description and responsibilities
- Disconnect between expectations of what the position would be and the reality of the position (e.g., Family Liaisons noted they do not provide direct services to families, experience restrictions with the community, have limited contact with families aside from telephone calls and mailings, and sometimes face resistance from other ADJC staff)
- Little to no job security.

In fact, many respondents equated the Family Liaison position to that of another grant funded position whose position was abolished after expiration of grant funds. Staff in Family Liaison positions expressed concern that their position was “uncovered”; that is, candidates can negotiate salary but if there is a reduction in force, staff in these positions are most likely to be let go. Accordingly, turnover among Family Liaisons may result from these staff desiring alternative positions which have greater job security and definition.

Family Service Coordinators

Eight Family Service coordinators were interviewed in the spring of 2007. While Family Liaisons work with families through secure care facilities,



Family Service Coordinators work with the family in the community. Family Service Coordinators are housed in the parole offices in Tucson (1 office) and Phoenix (3 offices) and two Coordinators are assigned to each office. All but two of the coordinators have been in their position for at least four years (averaged 6 ½ years, range from just under one year to 13 years).

Family Service Coordinators are responsible for conducting an orientation with the parent/guardian once a youth is committed to ADJC. They also complete an assessment identifying strengths, needs, and challenges of the family and its members. This assessment is part of ADJC's assessment tool, Criminogenic and Protective Factors Assessment (CAPFA), which must be completed within 14 days of arrival to Adobe Mountain's Reception, Assessment and Classification (RAC) unit. Upon completion of the orientation and assessment, Family Service Coordinators maintain contact with the family throughout the youth's involvement with ADJC. Family Service Coordinators assist families with identifying resources, navigating through various and multiple systems, and act as a liaison between families, secure care staff, and the community. They also act as an advocate for the family and often attend staffings where they offer treatment recommendations. Depending upon location, some Family Service Coordinators conduct counseling with the family and/or the youth upon release from secure care. In one site, the Family Service Coordinators also run a program called "Fresh Start" which offers education, treatment, life skills, and recreation services to youth recently released from secure care.

Family Support Staffs' Perceptions of Family Involvement

The concept of family involvement includes a partnership between and among the department and the child's family. The partnership provides opportunities and mechanisms for families to identify their roles within the department and reflects the family's voice. At a minimum, agencies that are family focused provide:

- Ongoing training for agency staff which defines, emphasizes and illustrates the requirement for and value of family involvement



- Orientation to families about how the system works, how they are part of the system, and how they can participate as equal partners in the process
- Opportunities for families to become fully involved in the system (e.g., through support, mentoring, networking, education, training)
- Opportunities for families to provide input on policies and procedures
- Assessments of the family's readiness and willingness for involvement
- A culture that encourages, respects and reinforces family involvement.

Family support staff interviewed for this study value family participation and believe youth will be more successful upon release from ADJC if the family or those significant in the youth's life are involved in their treatment plan. A common theme that resonated in the interviews was that because youth are often released back to their family, it is crucial that the department work with families to enhance parenting skills, education, and support in order to achieve more positive outcomes for youth in their care. Additionally, one family support worker noted that youth count on visits and contact with family and felt youth's behavior is negatively affected when there is minimal to no family interaction.

When asked how engaged ADJC families are with their child, many respondents suggested that families want to be engaged and involved but face a multitude of challenges. While many respondents reported a lack of parental participation, family support staff frequently attributed this to the need to deal with common and multiple life stressors (e.g., job issues, financial concerns, health problems) rather than bad or uninvolved parenting. For instance, one family support worker suggested that "as the system allows, the majority of families want to be involved and try to be involved" but often have to balance their involvement with jobs, other children, financial and health concerns. Furthermore, many of the families involved with ADJC have had long histories with multiple systems and some are just "burnt out." Accordingly, many family support staff suggested families may step back initially but ultimately want to connect with their child.

Overwhelmingly, family support staff felt that family engagement was not a priority within ADJC secure-care facilities and reported that they often



encountered a number of organizational barriers in their work with families. One family support worker felt that ADJC was “missing the boat” in getting families involved and that the bulk of the work needs to be done while the youth is in secure care followed with continuous case planning when the youth returns home. Staff often noted the importance for treatment while the child was in secure care suggesting that recidivism and other risk-taking behaviors would decrease because services could be working to (re)establish the home environment as a protective mechanism before the child returns to it.

Barriers Affecting Families Ability to Be Involved

Family support staff identified a number of barriers/challenges they felt affect families’ level of involvement and engagement. These barriers include family- and system-level factors some of which are similar to those identified in the literature on family engagement (e.g., Osher & Hunt, 2002). Such barriers include:

- Lack of access to transportation
- Distance from ADJC secure care facilities
- Language
- Child care
- Parent’s with system involvement (e.g., are incarcerated or have outstanding warrants, are involved with Child Protective Services)
- Illegal/undocumented families
- Economic issues such as having no telephone and/or a stable place to live (e.g., transient families)
- Family health problems
- Family substance abuse
- Employment and other time restricting obstacles
- Hierarchy of needs (e.g., if a family is poor, they are more likely to spend money on family necessities rather than on transportation to attend staffings)
- Lack of good parenting skills
- Parental apathy
- Overwhelmed families with multiple responsibilities
- “Tough love” attitudes



- Influence of past experiences with multiple systems
- Lack of knowledge about the system and/or fear of system
- Policies and procedures that may fail to fully account for and include families
- Lack of clearly defined roles for family participation
- Department's emphasis on security
- Limitations on how many family members can visit at one time
- Restricting calls and/or suspending visits between parents and child as a form of punishment
- Scheduling activities/meetings to accommodate ADJC more than the family (e.g., running over or ahead of time on staffings, only scheduling staffings on one afternoon a week)
- Insufficient or untimely notice about staffings
- Delays in completing background checks required for visitation
- Lack of communication between secure care staff and families
- Limitations in the current availability of educational/treatment opportunities for families
- Lack of services for families in rural areas
- Lack of established transitional services due to not knowing the youth's length of stay
- Lack of activities which support positive family interaction/bonding during visitation
- Lack of cultural sensitivity
- Limited materials/resources in Spanish and other languages
- Families not being able to bring homemade food into the facility (one family support worker suggested that families who can not afford to purchase packaged food go in empty-handed and are looked at as bad parents. She felt this sometimes causes some parents to avoid visitation)

Organizational Challenges in Getting Families Involved

Family support staff noted a number of barriers that they have encountered in getting families involved. These barriers/challenges largely involved their working environment and the organizational climate/culture towards family involvement. For instance, several family support respondents noted that the



current lack of staff training on the importance of family involvement has made their job difficult. Oftentimes, these staff faced a number of roadblocks and resistance when working with secure care staff because family involvement has traditionally not been viewed as a priority.

A common barrier specific among Family Service Coordinators was the recent removal of flex time. We found that while Family Service Coordinators used to have flexibility to work weekends and evenings, at the time of the interviews, they were required to work business hours (e.g., Monday through Friday from 8 to 5). This was reported to create a number of conflicts in arranging meetings with families because families were not “on ADJC time.” One family support worker suggested that if a family can not meet between 8 and 5 then “the family fails the ADJC test.” This creates a further complication since the CAPFA assessment, which Family Service Coordinators administer (except in rural areas where the Parole Officer completes the assessment), has to be completed within 14 days of ADJC placement. Staff noted they often found themselves in a struggle to complete the assessment because parents were unavailable during staff’s working hours. In cases where the assessment could not be completed face-to-face with a parent/guardian then a file review had to be completed. Staff suggested that file reviews are not always comprehensive and that they often lack information on the youth’s needs and strengths which only the family would know. However, CAPFA assessments are updated every 90 days so if a Family Service Coordinator is unable to connect with the parent to complete the assessment, they continue to reach out to the family to coordinate a face-to-face meeting. Nevertheless, the same barrier often exists in which families are unable to meet with staff because of their competing schedules.

Common barriers among Family Liaisons are the lack of a detailed job description and their lack of utilization by facility staff. We found that Family Liaisons felt they faced a lot of resistance in trying to get families involved. Feeling that there is only a small push for family therapy and education in the facilities, family support staff felt that secure care staff do not currently view the family as a priority since they are not at the forefront of services. This often created difficulty for Family Liaisons who would often push for families to be included in meetings and staffings. For instance, one Family Liaison



noted that she would ask facility staff if they were inviting the family to staffings and staff would often respond, “Why?” At the same time, Family Liaisons noted a struggle when they tried to reach out to a family because they were often told that was someone else’s job. As one Family Liaison put it, “I’m afraid of stepping on anyone’s toes.” Furthermore, there is only one Family Liaison at each facility; this poses a potential problem at Adobe Mountain where the facility size is much larger than the other three secure care facilities. Interestingly, interview responses with Family Service Coordinators indicated that few staff understand the role and responsibilities of the Family Liaisons. Family Liaisons often noted they had to “justify” what they do although facility staff appeared unaware of their job duties. Ultimately, this may be causing the perceived resistance of staff in utilizing Family Liaisons.

Other barriers reported by family support staff in getting families involved include:

- Limited time to engage families due to other job responsibilities/demands
- Lack of communication between community staff, Family Liaisons and unit staff
- Limited funding for activities (food for Family nights, arts and crafts for families; some Family Liaisons paid out of pocket for food/activities)
- Lack of available family therapy and education, particularly in secure care facilities
- The new youth treatment curricula (New Freedom) reducing time available for family groups and education
- Families not wanting to be involved.

Despite the barriers family support staff identified in trying to enhance family involvement, many respondents stated that it was clear the department was trying to promote family involvement and were pleased with the direction the department has been taking to involve families. Staff identified a number of activities that the department has implemented to promote family involvement. Such milestones include:



- Creating and implementing the Family Liaison position
- Offering family forums
- Forming a transformation team to identify the specific needs of the department's female population
- Developing a visitation tracking system
- Offering video conferencing for families to attend meetings
- Developing more visual resources for families (video, handbook)
- Promoting accommodations for family involvement (i.e., allowing families to visit with their child during other unit's visitation times).

Interestingly, family support staff, specifically Family Service Coordinators, reported that they used to do more direct service work but recent changes have altered the dynamic of their position. They felt they were less involved with facilities and did less fieldwork or direct service. Satisfaction with this change varied among staff. As one family support worker noted, the department has moved from "fishing for someone to teaching them how to fish." However, another staff member stated it was hard to be a service coordinator when they had minimal time and ability to help coordinate services.

While family support staff suggested the department is going in a good direction, many felt follow-through was sometimes lacking. However, given that this initiative is part of the five-year strategic plan, many staff felt there has not been sufficient time to really identify how receptive the ADJC community has been in the change to enhance family involvement. As one family support worker stated, "It is less complicated, easier to just not have families involved. It's a process and we're working on it."

Suggestions for Improving Family Involvement

Enhancing the inclusion and more active participation of parents was seen by most of the family support staff as necessary to truly improve outcomes for juveniles under ADJC care. While several respondents felt family involvement was not a priority for families or the department, family support staff offered a number of suggestions to help improve the engagement and



involvement of families in the rehabilitation of juvenile offenders.

Suggestions included:

- Provide frequent and ongoing training to staff on the importance and necessity for family involvement
- Inform and educate secure care staff about how Family Liaisons can help involve and arrange services for families
- Examine the description of the Family Liaison position and clarify their roles and responsibilities
- Recognize that the movement to involve families requires changes at the Administrative level first to help empower and encourage staff
- Seek out and obtain funding for family events and educational materials
- Offer support and education groups for families
- Promote transitional groups for families
- Provide staff with more flexibility (e.g., opportunities to meet with families outside of department hours)
- Support youth who are themselves parents and offer opportunities for interaction with their child as well as parenting education and support groups
- Examine transportation needs and help coordinate transportation services (e.g., more bus routes with lights and benches)
- Provide family services while the youth is inside the institution (e.g., activities during visitation, family counseling)
- Better meet the needs of the family (e.g., hours, work schedule)
- Ask families what they need and what it would take for them to become more involved
- Applaud staff for their investment in youth and their families.

Family Interviews

Family advocacy groups such as the Federation of Families for Children's Mental Health have advocated for inclusion of "family voice" in evaluation of programs and systems serving their children. To fully explore family involvement and barriers to family participation, we interviewed parents/guardians of ADJC-involved youth who had been referred to FFT or



MST therapy services. We received a list from ADJC containing the names and contact information for 19 families of which only 5 families were able to be contacted and/or agreed to be interviewed. All five parents/guardians we interviewed said their child had been living with them prior to incarceration and all felt they had a good relationship with their child. All of the youth were living back at home at the time of the interviews and none had prior experience with ADJC.

Families who see the system as intrusive and unnecessary will likely interact with the system in a more adversarial way than families who view it as an avenue for needed services. Even for families predisposed to involvement in the system, a variety of factors can impede positive engagement. One example is a language barrier (Osher & Hunt, 2002). If family members do not speak English, they may view involvement in the system as very taxing if not impossible.

With few exceptions, the family members we interviewed reported limited knowledge about what happened in the secure care facilities. They attributed this to infrequent communication with staff. Some respondents reported it was difficult to contact housing staff to get information on their child. Importantly, all five parents reported that they were not given names or extensions of housing staff to contact and often spent a great deal of time on the telephone trying to contact someone who had information about their child. Often, they had to contact the youth's parole officer or family worker who then acted as a liaison between the family and the housing staff.

In one instance, a mother lost her job while her son was involved in the court process. When her son was committed to ADJC, she decided to "do something for herself" and subsequently made work and her other kids her priority. She expressed a sense of exhaustion and noted that she had to take "a couple weeks off." When she reached out to make contact with her son, she felt facility staff looked down on her for not being involved initially. Her calls were not returned and she was not notified of meetings. She suggested it took several weeks on her part to reach out to facility staff before she felt she had some participation in the process. However, when it came time for the transition staffing, her recommendations went "unheard" and she felt ADJC



staff viewed her as a bad parent when they said her son needed therapy services (FFT or MST). She was discouraged that the department did not set up any transition services before her son was released from secure care and felt that was the most significant time for services so she could've helped him transition back home successfully. She suggested that she felt her and her other children were being punished for her son's actions and that if they didn't participate in therapy services, her son would be returned to ADJC secure care.

Many of the parents/guardians we interviewed indicated they felt they were being blamed for what their child did and that their efforts to get involved with their child were often disregarded. Too often, they felt they were perceived as the "source of the problem" rather than part of the solution. Families consistently expressed a desire to be involved in the decisions made about their child, yet they often felt treatment decisions were made without their input.

Interestingly, many of the parents we talked to felt secure care placement was necessary for their child. While they were disappointed that their child had to be removed from the home, many suggested that it afforded their child an opportunity to reshape their behavior. Nevertheless, parents/caregivers frequently cited the desire to visit their child and presented this as a common problem due to distance, difficulties with transportation, time from work, and concerns about childcare for other children. Importantly, respondents felt opportunities for family involvement such as attendance at staffings were not a priority among ADJC staff. In one instance, a parent took time off work to attend a staffing; by the time they arrived at the secure care facility, the staffing had been completed. As also highlighted in our interviews with family support staff, several of the parents we interviewed said that they were often told by staff that their attendance at staffings would be a "waste of time."

Despite some dissatisfaction with their perceived level of involvement and input with ADJC, all five parents praised the department for the care of their child. Family members reported they had less anxiety while their child was under ADJC care because they knew their child was "safe." Most suggested



their child had learned many positive things in the institution, including how to control their anger and how to resist “negative things in their life”. Many felt their child received educational services that they may not have gotten without ADJC’s involvement. Furthermore, once they established contact with ADJC staff, they reported very positive comments about their relationships with staff members. One parent acknowledged that housing staff are very busy taking care of the youth and suggested that she would rather they attend to her child than to her. Family members frequently praised when staff members answered their questions and felt that medical care and education services were “excellent.”

Family members we interviewed were particularly pleased with staff in the community (Family Service Coordinators and Parole Officers). When asked what ways ADJC has been helpful to them, they noted that the advocacy, support, and information that the “family workers” provided to them was critical to “getting the help” they needed. Several parents said they were connected to or informed about services that impacted their quality of life (e.g., information on food boxes, substance abuse and health services, housing and/or job resources). However, three respondents felt there were services they needed but that were unavailable (e.g., access to transportation, information on child care subsidies). Nevertheless, contact with family support workers was frequently cited as positive, helpful, and critical to becoming involved. Interestingly, the interviews highlighted the need for more advertising of the Family Liaisons as none of the respondents we interviewed were familiar with them.

The families who participated in the interviews offered some of the following recommendations for improving family involvement and improving the working relationship between families and ADJC. The suggestions, similar to those offered by ADJC family support workers, envelop the activities of staff training, parenting education and support, enhancing communication, and promoting more opportunities for involvement. Specifically, recommendations include:

- Educate staff on the importance of the family and how the family can help instead of hinder treatment efforts



- Provide more opportunities for family involvement by offering (training or education) services for families, more parent-child communication opportunities, transitional services before the child is released from secure care, and parent support/networking groups
- Include the family in youth's treatment so they can help reinforce treatment ideals
- Understand and help address family barriers such as lack of transportation, distance, and child care constraints
- Understand that families are not on "ADJC time"
- Promote respect towards the family and be cognizant of their experiences with multiple systems
- Enhance communication with parents/caregivers on youth's placement decisions, progress, and needs (including information on who they should contact regarding questions about their child)



Family Therapy Programs

One objective of the Families of Incarcerated Youth initiative is to implement best practices and proven models of family support. Two such best practices and proven models of family support are Functional Family Therapy and Multisystemic Therapy. During the evaluation period, ADJC contracted with three treatment providers (Touchstone Behavioral Health, Tumbleweed Center for Youth Development, and Pima Prevention Partnership) for FFT services and one treatment provider (Touchstone Behavioral Health) for MST services. During this period, Touchstone FFT provided services to youth residing in Maricopa, Pima, Yavapai, Coconino, and Pinal Counties while Tumbleweed FFT served youth in Maricopa County. MST services were offered to youth in Flagstaff and Phoenix. During FY2007, Pima Prevention Partnership (PPP) discontinued use of FFT therapy programs.

Table 17. Family Therapy Program Description

Program Provider	Program Implemented	Locations Served
Touchstone Behavioral Health	FFT	Maricopa, Pima, Yavapai, Coconino, Pinal counties
Touchstone Behavioral Health	MST	Phoenix and Flagstaff
Tumbleweed Center for Youth Development	FFT	Phoenix/Maricopa County
Pima Prevention Partnership	FFT - Discontinued during FY2007	Tucson/Pima County

In 2006, interviews were conducted with FFT and MST therapy providers and with ADJC parole officers. The interviews examined the use and implementation of FFT and MST services and are summarized in last year's evaluation report. At that time, therapy providers and ADJC staff suggested that FFT and MST programs were underutilized. ADJC community corrections staff similarly suggested the underutilization of the therapy programs during several meetings held in 2007. Parole officers and therapists interviewed last year indicated that the use of FFT and MST is based largely on parole officer buy-in and/or familiarity with the program and their



treatment goals. An additional explanation given was the unavailability of treatment services throughout the state (FFT was provided to youth in only five of Arizona's 15 counties, while MST was largely concentrated in the Phoenix area).

Families Served

The numbers of families who participated in FFT and MST programs in fiscal year 2007 (July 2006-June 2007) are presented in Table 18⁶. During the year, 65 youth and families were referred for FFT program services while 11 were referred for MST. Among those referred, most youth were referred to Touchstone Behavioral Health (68%).

The utilization of FFT and MST decreased from FY2006 to FY2007. From January 2005 through June 2006, a total of 174 youth were referred to FFT and 42 youth referred to MST. However, during FY2007, a total of 65 youth were referred to FFT while only 11 youth were referred to MST.

The rate of successful program completion for both programs has remained low. From January 2005 through June 2006, 42% successfully completed FFT therapy programs; during fiscal year 2007, the rate increased to 65%. Among MST participants, 41% successfully completed treatment during fiscal year 2006. Only nine percent of youth referred to MST during FY2007 successfully completed treatment; however, the completion status for 82% of the participants was not provided. Overall, 57% of all family therapy program participants completed treatment successfully.

⁶ These numbers represent only those youth and families who were provided FFT and MST services that were paid for using funding from the Parents Commission on Drug Education and Prevention.



Table 18. Status of Participants Referred for Family Therapy Programs FY2007

Provider	Completed Successfully	Completed Unsuccessfully	Outcome Not Provided	Total
FFT				
Touchstone Behavioral Health	29	15	NA	44
Tumbleweed Center for Youth Development	13	8	NA	21
Sub totals:	42	23	NA	65
MST				
Touchstone Behavioral Health	1	1	9	11
Sub totals:	1	1	9	11
Totals:	43	24	9	76

Note: Information is reported from Community Corrections and provided by senior management from ADJC.

Impediments to Implementation

Key issues related to the implementation of FFT and MST services were explored in last year's evaluation effort. In that report, implementation challenges were outlined based on interview data from FFT and MST therapists and ADJC staff (particularly parole officers and two ADJC administrators). In FY 2007, ADJC community corrections administrators were asked what changes had been made to the implementation and use of FFT and MST and what challenges they have encountered. The information garnered from interviews and evaluation meetings revealed that few changes have occurred to the implementation of the programs with the exception of PPP discontinuing FFT program services. Challenges that were identified by ADJC staff are described below.



Program Availability

FFT and MST services are not available statewide. At this time, services are only offered to youth residing in Maricopa, Pima, Pinal, Yavapai, and Coconino counties. In counties where FFT and MST are unavailable, ADJC administers/oversees other forms of community services (e.g., counseling, mentoring).

Program Use

One concern that continues to surface is related to the use of FFT and MST services. Last year, many FFT and MST therapists felt that the therapy programs were not utilized as much as they could be by ADJC. Evaluation meetings with community corrections staff suggested that utilization of FFT and MST is still a barrier. The decrease in the number of referrals to FFT and MST from FY2006 to FY2007 supports the finding that the use of the therapy programs is limited. When asked what tends to encourage program referrals, ADJC staff suggested parole officer buy-in and a youth's multidisciplinary treatment team's recommendation that the family is in need of intensive community services.

Delayed Start of Family Therapy Programs

The reported limited use of FFT and MST raises a third impediment to the use and implementation of these interventions – the delayed start of initiation of program services. Last year, we found that FFT and MST therapists felt it was preferable to start intervention services while youth are still in ADJC secure care. Results of our interviews with family support staff also suggest that these programs may be more successful if they are able to work with the child before he/she is released from secure care. This service could help prepare the family for the youth's return home and can help set up early transitional services such as medication support and community resources.



Family Involvement

Families' involvement in, and reaction to, treatment was also identified as a barrier to implementing FFT and MST treatment services. While FFT and MST were developed with a consideration for youth and families' resistance to outside treatment interventions, it was noted that families often entered treatment feeling as if they are trying to be "fixed." As one parent indicated in our interviews this spring, she felt a burden with having to participate in the therapy program. She felt her input in what her family and son needed went unheard and that she had to participate or her son would be returned to secure care. This created a feeling of blame and made her somewhat dissatisfied with her experiences with ADJC and the family-therapy program.



Conclusion and Recommendations

The impact of parents and families on juvenile offender outcomes is well documented. However, involving families in the rehabilitation and treatment of juvenile offenders, particularly while they are incarcerated, is an ongoing challenge. Involving families is often complicated by institutional restrictions, the location of incarceration, and family willingness, readiness and ability to become involved. The Families of Incarcerated Youth program is an initiative designed to proactively involve families in all aspects of treatment, education and activities and to change the culture of the agency by training staff on the importance of families as partners.

Several important findings can be gleaned from this work. The findings are summarized below.

ADJC Staff Perceptions of Family Involvement

- The majority of ADJC staff who responded to the staff survey ($N = 509$) felt that parents should be more involved in treatment services
- Family support staff felt that ADJC should take a more proactive, encouraging approach to involving families
- According to survey responses, secure care staff hold the least favorable attitudes towards having family involvement while community corrections staff hold the most favorable attitudes towards having families more involved in their work with incarcerated youth
- Perceptions of family involvement are varied and complex. Many staff felt that families don't put any energy into involvement since the department is taking care of their child. Others suggest that if families made the time and had the means (e.g., flexibility in work, transportation, support from others), then there would be family engagement.
- ADJC family support staff (i.e., Family Liaisons and Family Service Coordinators) value family participation and believe youth will be more successful upon release from ADJC if the family is involved in their treatment plan.



- Family support staff felt that families want to be engaged but that they face a number of barriers including the need to deal with multiple and common life stressors (e.g., job issues, financial concerns, health problems)

Family Perceptions of Family Involvement

- The ADJC-involved families we interviewed reported that they often felt unwelcome and blamed and often found the department hard to navigate and inconvenient.
- In certain cases, families were told their involvement in treatment staffings was a “waste of time.”

Perceived Barriers to Family Involvement

- Lack of transportation, parent work schedules, and lack of good parenting skills were the most commonly identified individual barriers on the staff survey.
- ADJC being unable to locate parents was the most common departmental reason given for low parental involvement.

Organizational Culture Changes

- Family support staff perceived the addition of Family Liaisons as a significant move towards embracing family involvement
- The department is currently utilizing the Criminogenic And Protective Factors Assessment (CAPFA) as a tool for identifying family needs and strengths. Family Service Coordinators are responsible for administering the assessment (except in rural counties where parole officers administer it) and felt the tool provided a wealth of information about a child’s family and their strengths and needs.
- Family support staff suggested that the department currently does not offer any treatment, counseling, or parenting education and training to families while their child is in Secure Care.
- On the staff survey, fewer than half of all respondents agreed with the statement that ADJC does a good job involving families.



- Less than half of all ADJC staff who completed the staff survey reported they were encouraged by coworkers to involve families.
- The implementation of Family Liaisons has been met with challenges. Turnover among this position has been high, there is some ambiguity in the definition and description of their roles and responsibilities, and they reported feeling some resistance when advocating for families.
- Family support staff report needing more flex time in order to meet with families in a timely and convenient manner
- According to family support staff, there has been a shift to a more restrictive, security focus than a rehabilitative concentration
- Communication needs to improve between and among staff who work with families. For example, Family Service Coordinators often act as a liaison between families and facility staff even though this is the intended role of the Family Liaisons.

Family Focused Therapy Programs

- During fiscal year 2007 (June 2006-July 2007) a total of 65 youth were referred for FFT services and 11 for MST services.
- The rate of successful program completion for both programs has remained low. Among FFT participants whose treatment was initiated from January 2005 through June 2006, 42% successfully completed treatment. During fiscal year 2007, the rate was higher at 65%. Among MST participants, 41% successfully completed treatment during fiscal year 2006; only nine percent completed treatment successfully during fiscal year 2007 (however, nine of the eleven MST participants' completion status was not provided).
- The use of FFT and MST decreased during FY2007.
- Barriers to implementation of FFT and MST include lack of program availability, lack of program use, delayed program starts, and resistance from families.

Initiative Progress and Implementation

- The Family Liaison position was created and implemented as planned. Family Liaisons are involved in a number of activities to provide



information and support to families. Activities include developing family nights, family forums, tracking visitation, distributing a monthly newsletter, attending staffings, and contacting families to remind them of upcoming events.

- The department currently is utilizing the Criminogenic And Protective Factors Assessment (CAPFA) as a tool for identifying family needs and strengths. Completion of the CAPFA Family domain is tracked for compliance. Family support staff report problems completing the family assessment tool because of the 14-day restriction for completion. Oftentimes, they experience significant barriers to meeting with families during this time period because of designated working hours and competing schedules.
- Family support staff reported that the department does not offer treatment, counseling, or parenting education and training to families while their child is in secure care. Therapy programs such as Functional Family Therapy and Multisystemic Therapy are offered to some families upon a youth's discharge from the institution.
- According to the staff survey, ADJC staff report receiving minimal training on family inclusion/involvement techniques, protocols, or skills. Most of the training that has occurred has been informal or through select trainings such as on Child and Family Teams or on the CAPFA. Furthermore, few staff reported receiving training on best practices and proven models of family-focused treatment programs (e.g., FFT and MST).
- Additional FIY activities that have been implemented that aim to increase communication and reduce barriers for families include providing video conferencing, updating and distributing the Family Handbook in English and Spanish, developing county-specific family resource manuals, developing an orientation packet for youth and families, installing a toll-free telephone line at each facility, developing and utilizing Child and Family Teams, and identifying transportation barriers.
- In addition to the FIY defined activities that fell under the scope of this evaluation, ADJC has incorporated a number of other family-based activities into their five-year strategic plan. These activities include developing a Family Services Administrator position, incorporating a



performance measure on families which identifies the percentage of youth whose families/caregivers are participants in their treatment plan, designing a system wide visitation tracking system, identifying a Family Services Philosophy for secure care, developing the Family Services Program, implementing a skill-development/educational curriculum for families, establishing a family-services Intern program, and creating a family orientation video.

The findings help illuminate where ADJC is at in their movement to enhance family involvement and inclusion. It is important to highlight that the FIY initiative is a framework toward change. Change is a process that takes time. The FIY initiative is built into the strategic plan which affords the department an opportunity to track their progress and identify their next steps for making more progress in the coming years. There are also a lot of situations one must consider when examining ADJC's progress to engage families. Such situations include funding concerns and the "in flux" nature of the department while they work through a transformation process in response to concerns raised by the Civil Rights Division of the U.S. Department of Justice. These are factors that may impact the implementation of the FIY initiative.

Five stages have been identified for developing an organization's family strengths-based services (La Frontera, 2002). These stages are: 1) Family focus not evident; 2) Beginning awareness of family issues; 3) Commitment to change; 4) Family strengths-based practice; and 5) Takes on advocacy role. The following table highlights the stages and aspects of the organization that correlate with each stage (adapted from La Frontera, 2002). The department should examine where they are in the process and to which stage they are striving for.



Aspect	Stage 1: Family focus not evident	Stage 2: Beginning awareness of family issues	Stage 3: Commitment to change	Stage 4: Family strengths based practices	Stage 5: Takes on advocacy role
Inclusion and accessibility	Does not provide family-friendly policies/procedures or adequate space	Includes references to family in oral/written communication	Commits to revise policies/procedures when needed, with input from families	Addresses family needs in the design of its facility (i.e., hours, days, times)	Shares “family commitment” policies with staff, participants and community
Mission, vision, values	Omits importance of family in mission, vision, values	Mission, vision, values minimally include family	Examines mission, vision, values for family inclusion	Stresses the central role of family in mission, vision, values	Utilizes family as a resource to articulate mission, vision, values in the community
Family focus in service provision	Minimizes the importance of family involvement	Occasionally includes family in service planning	Recognizes the critical role of the family system and commits to revise practices to include families	Views the family as the unit of service. Gathers information on family strengths, abilities, interests, needs	Involves families in organizational decision-making (e.g., serve on board or committee)
Staff training and competence	Does not address family issues in training	Recognizes the need for family-strengths based training	Commits to revise training to include family systems and role of the family	Presents family strengths-based practice as a major focus of training	Includes families as trainers and co-facilitators
Culture relevance to families	Offers services that only reflect mainstream values and culture	Recognizes the need to incorporate cultural competence training	Develops training that address culture and the role of the family	Designs and delivers services with respect to culture of families served	Promotes formal and informal family supports (e.g., extended family, neighbors)



Aspect	Stage 1: Family focus not evident	Stage 2: Beginning awareness of family issues	Stage 3: Commitment to change	Stage 4: Family strengths based practices	Stage 5: Takes on advocacy role
Staff documentation of services	Focuses on the individual exclusively	Paperwork reflects an occasional note on the family	Recognizes the need to revise paperwork with a family focus	Document reflects a family focus, complete family history, family notes	Advocates for paperwork system to reflect a family focus
Program development	Fails to address family needs in service design	Recognizes need to include family in assessing and designing services	Considers families when designing services. Includes input from person who represent family-based values	Provides flexible needs- and values-driven services.	Consults with other organizations that want to offer family-based service
Recruitment and selection	Does not look for experience/skills in working with families when recruiting staff	Hires a few family specialists rather than training all staff in family skills	Revises interview practices to identify candidates for family-strengths staff	Recruits and retains family-focused staff	Shares family-based staff recruitment and retention policies with other organizations
Volunteers	Discourages family members as volunteers	Occasionally recruits family members as volunteers	Recognizes the value of family members as resources and seeks to recruit	Creates organized volunteer opportunities for families	Collaborates with other organization on volunteer projects

Adapted from: La Frontera (2002). *Growing Healthy Families: Tools for Developing an Organization's Family Strengths-based Services*. Tucson, AZ: La Frontera Center, Inc.



Recommendations

Based on analysis of the data presented in this report, the following recommendations are made to help the Families of Incarcerated Youth program progress in the upcoming years. The goal of these strategies/activities is to facilitate the effective involvement of families so they can contribute to successful outcomes for youth under ADJC care. Strategies for family involvement should be individualized and intensive in order to reach families who are interested in being involved but lack the means or need additional encouragement or support to participate.

Renew commitment to family involvement

There should be a renewed institutional commitment to the active inclusion of families. Proactive intervention and family inclusion should become standard priorities whereby policies and procedures are defined and implemented for family involvement. The five-stage model for developing an organization's family strengths-based services can be used as a framework.

Make family involvement a training issue

Given that only 26% of respondents⁷ who completed the staff survey reported they have received training which emphasizes family involvement, more training which focuses on improving parental involvement is needed to enhance the department's commitment and progress to involve families.

Tell parents how critical their role is and what is expected of them

Be more active in expressing to parents the importance of their becoming more involved in their child's life. Family members need a sense of purpose and acceptance, and information, training and support to sustain effective participation. Easy to understand written and audio-visual materials should be readily available for all parents that familiarize them with the system and their expected role. Families should be told early on the structure of the system, how and where decisions are made (e.g., facility placement, their child's length of stay), and the process(es) and protocols governing such decisions. Families and staff should ask each other what is needed for full participation in planning and accessing services and how everyone can work together to accomplish positive

⁷ Not all of the respondents indicated this was training they received at ADJC and most was informal or hands on training



outcomes. Families should also be consulted on critical treatment decisions so that they are active participants in the treatment process.

The Family Handbook that was recently revised is an important educational tool that is currently provided by the department to each family. The importance and utility of the Family Handbook should be stressed to all parents, and follow-up communication should remind parents how to utilize the information contained within the handbook.

Advocate for and promote use of parent education/training programs

Parenting education programs are not a major resource for ADJC. Unfortunately, many family support staff did not report any available parenting education programs for parents of youth involved with ADJC while their child is in secure care. Accordingly, ADJC should develop, organize, or work with existing parenting education programs to promote healthy parenting skills. Skills development programs can assist parents in more effectively dealing with their troubled child and are crucial for addressing environments where poor coping behaviors are present. These opportunities help ensure positive parent-child relationships and the application of effective and appropriate supervision and discipline after release from secure care. Included in parent education, families should also be informed about and educated on behavioral interventions utilized with their child so they can help reinforce messages taught through programming. Education and training opportunities which address some of the families own needs might enhance family involvement in these programs.

Sponsor social activities/opportunities that encourage families to be involved

To the extent possible, family engagement should include arrangements for regular parent-child contact/communication. Such activities and events should encourage positive family interaction. As suggested by the interviews with family support staff, visitation is often the only opportunity families have to be involved and there are reportedly limited activities which promote positive family interaction. Offering activities (e.g., crafts, games, counseling sessions) during visitation and/or before or after staffings could bolster family bonding and support.



To the extent possible, ADJC should provide assistance in arranging or facilitating transportation and child care for family members. This may involve collaboration with community and/or advocacy groups, assistance with forming carpools, or direct assistance if funding is available. ADJC should continue to pursue the use of video-conferencing in situations where family members are not able to travel to ADJC facilities.

Be creative and persistent

Staff should identify and implement creative mechanisms for notifying and encouraging attendance at family functions (e.g., visitation, family fun nights). Staff should not assume that a family is not interested if there is no initial response and should utilize more than one strategy to reach out to a family (e.g., mail, phone, in-person meetings). Seek out information about why the family may not be participating. For instance, is there a language barrier? Does the family move a lot? Does the family live in a place where their mail may not be secure? Is a younger member of the family taking messages for the parents? Examine current notification methods and work other/multiple angles to enhance notification procedures.

Get parents help in improving their parent-child relationship

Help parents learn about and secure appropriate community resources such as referrals, support groups, classes, programs, and/or counseling which addresses familial needs.

Recognize, review and address barriers to family involvement

The department should recognize the barriers that impede family involvement within the system. Providing transportation and hotel vouchers for families who live a great distance away are obvious strategies. Of particular importance is the need to be sensitive to the additional burdens for single and low income parents as well as parents with special needs and those in rural communities. ADJC should regularly review and address barriers to family involvement and how the department can assist families in alleviating such obstacles. If lack of participation is due to family conflict/strain, individualized counseling services designed to reconstruct poor relationships should be a first step.



Be flexible

The department should ensure that meetings and conferences that parents and families attend are flexible in time and location and are facilitated in the language of the parent (or translators are made available to assist the parents). Transportation, food, and child care can be vital in increasing family involvement but flexibility in scheduling appears to be the most important factor in encouraging family participation.

The department should also recognize more flexibility in the job requirements of family support workers. Throughout our interviews, family support staff noted challenges in engaging families due to scheduling conflicts. Family support staff felt they could make greater strides in working with families if they could meet families on their own time rather than on ADJC time. Having the flexibility to work with families in the evenings and weekends may help establish communication and build relationships.

Provide communication on a regular basis

To the extent possible, the department should maintain regularly scheduled contact (e.g., bimonthly) with a family by a member of the youth's treatment team or by the Family Liaison. The goals of this contact are to update the family about the youth's progress, obtain information about any changes in the youth's family circumstances, discuss plans for transition of the youth back to the community, educate the family about ongoing treatment needs of the child, and solicit familial support for the child's treatment. Families should also be provided with contact information for staff who are best suited to respond to any questions the family might have.

Establish a network of parents for support, engagement

ADJC should examine how community parent volunteers and new or existing volunteer programs could be utilized to aid parental involvement. For instance, a network of parents of youth who have successfully participated in their child's treatment could assist ADJC in facilitating involvement of parents currently involved with the system. This model has been used extensively in mental health systems and has been found to help improve familial engagement, access, and satisfaction with system services (McKay & Bannon, 2005). Furthermore, support groups which connect a family with others who share a common experience and who have similar concerns are also important. Such a group could be held on the same day as visitations. Utilizing such networks of support not only enhances



family involvement but can also improve families' knowledge about available resources to meet their unique needs. Furthermore, family members who do not respond to outreach by the department may respond to a peer who has some experience with the institution. Finally, parents could be used to help staff better understand issues related to family engagement. This would serve to reduce bias and negative stereotyping of families.

Recruit family members to serve on stakeholder/advisory groups

Stakeholder/advisory groups benefit from the insight of family members of current and/or recent youth offenders. Encouraging families to offer feedback on the progress and direction the department is taking to involve families, and to serve as members of teams designed to assess and develop family friendly programs, policies, and procedures are important steps in enhancing family involvement. Possible opportunities to ask families what they need include listening sessions, surveys, and focus groups. Another activity could be to have families who have been involved and are familiar with the institution assist with the development of a parent handbook written from a parent's perspective. This type of handbook can be used as a reference guide that addresses key concerns that only parents might recognize. A good example is *From a Parent's Perspective: A Handbook for Parents of Children Committed to the Massachusetts Department of Youth Services* by Linda Smelstor.

Clarify who is responsible for involving families

Protocols should be developed or clarified which consolidate responsibilities for involving families. For example, there should be a clear understanding of who is responsible for providing notice to parents about staffings, how their contact information will be available to families, when and how families will be informed of their child's staffings, and how they will be encouraged to participate.

Encourage an emphasis on family strengths

While the majority of families are likely to be receptive to participating in some aspect of their child's rehabilitation, recognize that in some instances, a youth's parents or caregivers may be unavailable due to impairment, other family priorities, and/or parental "burnout." Although familial challenges influence youth and affect their involvement in delinquency, family advocacy groups, such as the Federation of Families for Children's Mental Health (FFCMH), emphasize that all families have strengths and coping mechanisms to handle stressors. The



FFCMH believes it is a matter of tapping into those strengths and building upon them, rather than continually focusing on the negative aspects and problems that promote strong family relationships. In interactions with families, staff should be encouraged to focus on family strengths and highlight small increments of improvement by the youth.

Reexamine and clarify the roles and responsibilities of the Family Liaisons

Interview responses with Family Liaisons and Family Service Coordinators suggest there is some ambiguity in the roles and responsibilities of the Family Liaisons. At times, there appeared to be disconnect between the two family support positions with staff not knowing/understanding what the other does and with hesitation about carrying out job duties for fear of “stepping on someone’s toes.” The Family Liaison positions offer an excellent opportunity to connect with families while children are in secure care and secure care staff should be trained on the ways Family Liaisons can help work with families. ADJC management should also examine opportunities for securing the position after funding ends to reduce the potential for and impact of turnover.

Examine organizational functioning

ADJC is implementing an assessment of organizational functioning. The assessment utilizes a survey of 162 items that asks individuals about how they see themselves and how they perceive the department. The items examine motivation for change, resources, staff attributes, organizational climate, and training exposure and utilization. Currently, there is no item on the assessment that examines organizational functioning as it relates to the movement to involve families. It is recommended that ADJC explore the ability and worth in considering families in the assessment.

Ultimately, efforts should be made to encourage staff to involve families and to persuade families to get and stay involved. These recommendations are included for the consideration by ADJC staff as suggestions for further thinking and discussion and as possible questions for future evaluations.



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